

14822



0000048537

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2015 019801

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name NIX , ANNE L	
	Place of Death 271 CORDAVILLE ROAD, SOUTHBOROUGH, MA	
	Date of Death APRIL 21, 2015	Date of Birth MARCH 15, 1938 Sex FEMALE
	Residence 271 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS	
CERTIFIER	If U.S. veteran, specify war/conflict(s) (most recent) NO	
	Branch of military (most recent) ---	Rank/organization/outfit(most recent) ---
	Date entered(most recent) ---	Date Discharged (most recent) Service Number(most recent) ---
	Certifier PRAMOD CHIRA, MD Lic # 41470	
DISPOSITION	Addr. 475 FRANKLIN STREET, FRAMINGHAM, MASSACHUSETTS 01701	
	Immediate Cause of Death CARDIAC ARREST	
	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:	
	Funeral Licensee/ Designee PHILLIP R. SHORT Lic # 50881 Facility WILLIAM R. SHORT & SON FUNERAL HOME, MARLBOROUGH, MASSACHUSETTS Disposition Type CREMATION Date of Disposition APRIL 23, 2015 Place/Address ALL FAITHS CEMETERY AND CREMATORY, 7 ISLAND ROAD, WORCESTER, MASSACHUSETTS 01603	
PERMIT	Registry of Vital Records and Statistics	
	Board of Health/Agent for: SOUTHBOROUGH	
	State Tracking # 019801	Local Permit # E-PERMIT
	Date APRIL 23, 2015	Date --- Name of Agent ---
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:	
	Place of Disposition (Facility Name and Address) Evergreen Cemetery Crem C114 135 Wilson Street Marlborough, MA 01752	Signature X
	Disposition Type Crem Burial	Date of Disposition June 18, 2019
	Name of Superintendent or Authorized Designee: Michael K. Urato	

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000018238

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2015 000009

RECEIVED

VITAL RECORDS OFFICE

2015 MAR 17 P 1:49

SOUTHBOROUGH, MA

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name	ALAN , RAMON --		
	Place of Death	8 JOHN MATTHEWS ROAD, SOUTHBOROUGH, MA		
	Date of Death	JANUARY 02, 2015	Date of Birth	FEBRUARY 20, 1925
	Sex	MALE		
	Residence	8 JOHN MATTHEWS ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772		
CERTIFIER	If U.S. veteran, specify war/conflict(s) (most recent)			
	Branch of military (most recent)		Rank/organization/outfit(most recent)	
	Date entered(most recent)		Date Discharged (most recent)	
	Service Number(most recent)			
	Certifier GUY NAPOLITANA, MD			
Addr. 41 MALL ROAD, BURLINGTON, MASSACHUSETTS 01805		Lic # 59589		
Immediate Cause of Death CONGESTIVE HEART FAILURE				

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	Funeral Licensee/ Designee	NANCY G MORRIS	Lic # 50277
	Facility.	MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS	
	Disposition Type	CREMATION	Date of Disposition JANUARY 05, 2015
	Place/Address	MOUNT AUBURN CEMETERY, 580 MOUNT AUBURN STREET, CAMBRIDGE, MASSACHUSETTS 02138	

Endorsements

PERMIT	Registry of Vital Records and Statistics	Board of Health/Agent for: SOUTHBOROUGH
	State Tracking # 000009	Local Permit # 14-18
	Date JANUARY 02, 2015	Date JANUARY 04, 2015
		Name of Agent PAUL J. BERRY

CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address) Mount Auburn Cemetery & Crematory Cambridge, Ma		Signature X
	Disposition Type Cremation	Date of Disposition JAN 8 2015	Name of Superintendent or Authorized Designee:

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

 0000020177 Form R-309 07012014		 Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT		State File # 2015 001392	
Information necessary for the Certificate of Death has been completed for:					
DECEDENT	Decedent Name HINDS , SANDRA L.				
	Place of Death 10 PRENTISS STREET, SOUTHBOROUGH, MA				
	Date of Death JANUARY 09, 2015		Date of Birth JUNE 12, 1947		Sex FEMALE
	Residence 10 PRENTISS STREET, SOUTHBOROUGH, MASSACHUSETTS 01772				
	If U.S. veteran, specify war/conflict(s) (most recent) NO				
CERTIFIER	Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____				
	Date entered(most recent) _____		Date Discharged (most recent) _____		Service Number(most recent) _____
	Certifier PATRICK GUADIZ, MD Lic # 222979				
	Addr. 20 HOMER AVENUE, ASHLAND, MASSACHUSETTS 01721				
	Immediate Cause of Death CORONARY ISCHEMIC HEART DISEASE				
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:					
DISPOSITION	Funeral Licensee/ Designee NANCY G MORRIS Lic # 50277				
	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS				
	Disposition Type CREMATION		Date of Disposition JANUARY 13, 2015		
	Place/Address RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605				
Endorsements					
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH		
	State Tracking # 001392		Local Permit # 15-2		
	Date JANUARY 12, 2015		Date JANUARY 12, 2015 Name of Agent PAUL J. BERRY		
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:				
	Place of Disposition (Facility Name and Address)			Signature X	
	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:		


Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

60556

 0000020177 Form R-309 07012014		Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT		State File # 2015 001392	
				RECEIVED JAN 13 2015 P 1:53 VITAL RECORDS	
Information necessary for the Certificate of Death has been completed for:					
DECEDENT	Decedent Name HINDS , SANDRA L				
	Place of Death 10 PRENTISS STREET, SOUTHBOROUGH, MA				
	Date of Death JANUARY 09, 2015		Date of Birth JUNE 12, 1947		Sex FEMALE
	Residence 10 PRENTISS STREET, SOUTHBOROUGH, MASSACHUSETTS 01772				
	If U.S. veteran, specify war/conflict(s) (most recent) NO				
CERTIFIER	Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____				
	Date entered(most recent) _____		Date Discharged (most recent) _____		Service Number(most recent) _____
	Certifier PATRICK GUADIZ, MD Lic # 222979				
	Addr. 20 HOMER AVENUE, ASHLAND, MASSACHUSETTS 01721				
	Immediate Cause of Death CORONARY ISCHEMIC HEART DISEASE				
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:					
DISPOSITION	Funeral Licensee/ Designee NANCY G MORRIS Lic # 50277				
	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS				
	Disposition Type CREMATION		Date of Disposition JANUARY 13, 2015		
	Place/Address RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605				
Endorsements					
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH		
	State Tracking # 001392		Local Permit # 15-2		
	Date JANUARY 12, 2015		Date JANUARY 12, 2015 Name of Agent PAUL J. BERRY		
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:				
	Place of Disposition (Facility Name and Address) Rural Crematory 180 Grove Street Worcester, MA 01605			Signature X John H. Cobill	
	Disposition Type Cremation		Date of Disposition JAN 19 2015		Name of Superintendent or Authorized Designee: John H. Cobill


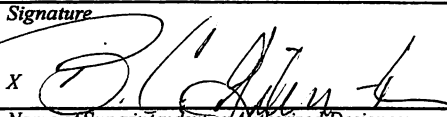
Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

60556

 0000020177 Form R-309 07012014		Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT		State File # 2015 001392 RECEIVED OFFICE 2015 JUL 24 A 9:04 SOUTHBOROUGH, MA	
Information necessary for the Certificate of Death has been completed for:					
DECEDENT	Decedent Name HINDS, SANDRA L				
	Place of Death 10 PRENTISS STREET, SOUTHBOROUGH, MA				
	Date of Death JANUARY 09, 2015		Date of Birth JUNE 12, 1947		Sex FEMALE
	Residence 10 PRENTISS STREET, SOUTHBOROUGH, MASSACHUSETTS 01772				
	If U.S. veteran, specify war/conflict(s) (most recent) NO				
CERTIFIER	Branch of military (most recent) _____ Rank/organization/outfit (most recent) _____				
	Date entered (most recent) _____		Date Discharged (most recent) _____		Service Number (most recent) _____
	Certifier PATRICK GUADIZ, MD Lic # 222979				
	Addr. 20 HOMER AVENUE, ASHLAND, MASSACHUSETTS 01721				
	Immediate Cause of Death CORONARY ISCHEMIC HEART DISEASE				
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:					
DISPOSITION	Funeral Licensee/ Designee NANCYG MORRIS Lic # 50277				
	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS				
	Disposition Type CREMATION		Date of Disposition JANUARY 13, 2015		
	Place/Address RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605				
Endorsements					
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH		
	State Tracking # 001392		Local Permit # 15-2		
	Date JANUARY 12, 2015		Date JANUARY 12, 2015		
		Name of Agent PAUL J. BERRY			
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:				
	Place of Disposition (Facility Name and Address) Rural Cemetery 11 Cordaville Rd., Southborough, MA Sec. M, Grv#135A			Signature X 	
	Disposition Type burial of cremated remains		Date of Disposition July 23, 2015		Name of Superintendent or Authorized Designee: Bridget A. Givleney-DeCenzo

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000028573

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File # 2015 008128

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name DAKAI , EDWARD THOMAS		
	Place of Death 28 OREGON ROAD, SOUTHBOROUGH, MA		
	Date of Death FEBRUARY 14, 2015	Date of Birth JULY 12, 1946	Sex MALE
	Residence 28 OREGON ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772		
CERTIFIER	If U.S. veteran, specify war/conflict(s) (most recent) VIETNAM		
	Branch of military (most recent) MARINE CORPS		Rank/organization/outfit(most recent) PFC
	Date entered(most recent) AUGUST 29, 1963	Date Discharged (most recent) MARCH 14, 1968	Service Number(most recent) 2067114
	Certifier DAVID CARLSON, MD		Lic # 227107
	Addr. 33 E MAIN STREET, WESTBOROUGH, MASSACHUSETTS 01581		
DISPOSITION	Immediate Cause of Death METASTASIZED BLADDER CANCER		
	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:		
	Funeral Licensee/ Designee NANCY G MORRIS Lic # 50277 Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS Disposition Type BURIAL Date of Disposition FEBRUARY 19, 2015 Place/Address BOURNE NATIONAL CEMETERY, CONERY AVENUE, BOURNE, MASSACHUSETTS 02532		
Endorsements			
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH
	State Tracking # 008128		Local Permit # 15-3
	Date FEBRUARY 17, 2015		Date FEBRUARY 17, 2015
		Name of Agent MICHELLE JENKINS	
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address)		Signature
			X
Disposition Type		Date of Disposition	Name of Superintendent or Authorized Designee:

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

9082298



0000028573

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File # **2015 008128** **FILE**

2015 JUL -8 P 1:44

SOUTHBOROUGH, MA

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name	DAKAI , EDWARD THOMAS		
	Place of Death	28 OREGON ROAD, SOUTHBOROUGH, MA		
	Date of Death	FEBRUARY 14, 2015	Date of Birth	JULY 12, 1946
	Sex	MALE		
	Residence	28 OREGON ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772		
CERTIFIER	If U.S. veteran, specify war/conflict(s) (most recent) VIETNAM			
	Branch of military (most recent)	Rank/organization/outfit (most recent)		
	MARINE CORPS	PFC		
	Date entered (most recent)	Date Discharged (most recent)	Service Number (most recent)	
	AUGUST 29, 1963	MARCH 14, 1968	2067114	
CERTIFIER	Certifier	DAVID CARLSON, MD		
	Addr.	33 E MAIN STREET, WESTBOROUGH, MASSACHUSETTS 01581		
	Immediate Cause of Death	METASTASIZED BLADDER CANCER		

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	Funeral Licensee/ Designee	NANCY G MORRIS	Lic #	50277
	Facility.	MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS		
	Disposition Type	BURIAL	Date of Disposition	FEBRUARY 19, 2015
	Place/Address	BOURNE NATIONAL CEMETERY, CONERY AVENUE, BOURNE, MASSACHUSETTS 02532		

Endorsements

PERMIT	Registry of Vital Records and Statistics	Board of Health/Agent for:	SOUTHBOROUGH	
	State Tracking #	008128	Local Permit #	15-3
	Date	FEBRUARY 17, 2015	Date	FEBRUARY 17, 2015
			Name of Agent	MICHELLE JENKINS

CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:	
	Place of Disposition (Facility Name and Address)	Signature
	Disposition Type	Date of Disposition
	MASSACHUSETTS NATIONAL CEMETERY, BOURNE, MA	19.15
		Name of Superintendent or Authorized Designee:

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000029188

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2015 008183

Information necessary for the Certificate of Death has been completed for:


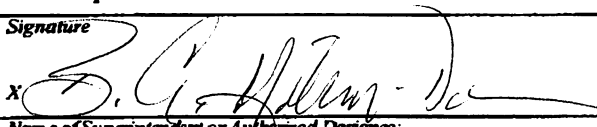
DECEDENT	Decedent Name MELEONES , HELEN ---		
	Place of Death 71 OAKHILL ROAD, SOUTHBOROUGH, MA		
	Date of Death FEBRUARY 16, 2015	Date of Birth APRIL 22, 1930	Sex FEMALE
	Residence 71 OAKHILL ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772		
	If U.S. veteran, specify war/conflict(s) (most recent) NO		
CERTIFIER	Branch of military (most recent) --- Rank/organization/outfit(most recent) ---		
	Date entered(most recent) ---	Date Discharged (most recent) ---	Service Number(most recent) ---
	Certifier EDWARD P. HOFFER, MD Lic # 35453		
	Addr. 655 CONCORD STREET, FRAMINGHAM, MASSACHUSETTS 01702		
	Immediate Cause of Death LUNG CANCER		
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:			
DISPOSITION	Funeral Licensee/ Designee NANCY G MORRIS Lic # 50277		
	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS		
	Disposition Type BURIAL Date of Disposition FEBRUARY 23, 2015		
	Place/Address RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772		
Endorsements			
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH
	State Tracking # 008183	Local Permit # 15-4	
	Date FEBRUARY 17, 2015	Date FEBRUARY 17, 2015	
		Name of Agent MICHELLE JENKINS	
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address)		Signature
			X
	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

 0000029188 Form R-309 07012014		Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT		State File # 2015 008183	
Information necessary for the Certificate of Death has been completed for:					
DECEDENT	Decedent Name MELONES, HELEN				
	Place of Death 71 OAKHILL ROAD, SOUTHBOROUGH, MA				
	Date of Death FEBRUARY 16, 2015		Date of Birth APRIL 22, 1930		Sex FEMALE
	Residence 71 OAKHILL ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772				
	If U.S. veteran, specify war/conflict(s) (most recent) NO Branch of military (most recent) _____ Rank/organization/unit (most recent) _____ Date entered (most recent) _____ Date Discharged (most recent) _____ Service Number (most recent) _____				
CERTIFIER	Certifier EDWARD P. HOFFER, MD				Lic # 35453
	Addr. 655 CONCORD STREET, FRAMINGHAM, MASSACHUSETTS 01702 Immediate Cause of Death LUNG CANCER				
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:					
DISPOSITION	Funeral Licensee/Designee NANCY G MORRIS Lic # 50277				
	Facility MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS				
	Disposition Type BURIAL		Date of Disposition FEBRUARY 23, 2015		
	Place/Address RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772				
Endorsements					
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH		
	State Tracking # 008183		Local Permit # 15-4		
	Date FEBRUARY 17, 2015		Date FEBRUARY 17, 2015 Name of Agent MICHELLE JENKINS		
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:				
	Place of Disposition (Facility Name and Address) Rural Cemetery, Southborough, MA			Signature 	
	Sec. G, Grv#15			Name of Superintendent or Authorized Designee: Bridget A. Gilleney-DeCenzo	
	Disposition Type Full Earth Burial		Date of Disposition February 23, 2015		

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

 0000030851 Form R-309 07012014		 Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT		State File # 2015 009886	
Information necessary for the Certificate of Death has been completed for:					
DECEDENT	Decedent Name BURGESS , JANICE MARY				
	Place of Death 20 PRESIDENTIAL DRIVE, SOUTHBOROUGH, MA				
	Date of Death FEBRUARY 23, 2015		Date of Birth APRIL 30, 1953		Sex FEMALE
	Residence 20 PRESIDENTIAL DRIVE, SOUTHBOROUGH, MASSACHUSETTS 01772				
	If U.S. veteran, specify war/conflict(s) (most recent) NO Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____ Date entered(most recent) _____ Date Discharged (most recent) _____ Service Number(most recent) _____				
CERTIFIER	Certifier SUSANAMARIA CAMPOS, MD Lic # 81482 Addr. 450 BROOKLINE AVENUE, BOSTON, MASSACHUSETTS 02215				
	Immediate Cause of Death OVARIAN CANCER				
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:					
DISPOSITION	Funeral Licensee/ Designee EUGENE J MCCARTHY, JR Lic # 5369				
	Facility EUGENE J. MCCARTHY AND SONS FUNERAL HOME, INC., FRAMINGHAM, MASSACHUSETTS				
	Disposition Type BURIAL		Date of Disposition FEBRUARY 27, 2015		
	Place/Address RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772				
Endorsements					
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH		
	State Tracking # 009886		Local Permit # 15-5		
	Date FEBRUARY 25, 2015		Date FEBRUARY 25, 2015 Name of Agent MICHELLE JENKINS		
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:				
	Place of Disposition (Facility Name and Address)			Signature <div style="text-align: center;">X</div>	
	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:		

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

 0000030851 Form R-309 07012014		 Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT		State File # 2015 009886	
Information necessary for the Certificate of Death has been completed for:					
DECEDENT	Decedent Name BURGESS , JANICE MARY				
	Place of Death 20 PRESIDENTIAL DRIVE, SOUTHBOROUGH, MA				
	Date of Death FEBRUARY 23, 2015		Date of Birth APRIL 30, 1953		Sex FEMALE
	Residence 20 PRESIDENTIAL DRIVE, SOUTHBOROUGH, MASSACHUSETTS 01772				
	If U.S. veteran, specify war/conflict(s) (most recent) NO				
CERTIFIER	Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____				
	Date entered(most recent) _____		Date Discharged (most recent) _____		Service Number(most recent) _____
	Certifier SUSANA MARIA CAMPOS, MD Lic # 81482				
	Addr. 450 BROOKLINE AVENUE, BOSTON, MASSACHUSETTS 02215				
	Immediate Cause of Death OVARIAN CANCER				
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:					
DISPOSITION	Funeral Licensee/ Designee EUGENE J MCCARTHY, JR Lic # 5369				
	Facility. EUGENE J. MCCARTHY AND SONS FUNERAL HOME, INC., FRAMINGHAM, MASSACHUSETTS				
	Disposition Type BURIAL		Date of Disposition FEBRUARY 27, 2015		
	Place/Address RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772				
Endorsements					
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH		
	State Tracking # 009886		Local Permit # 15-5		
	Date FEBRUARY 25, 2015		Date FEBRUARY 25, 2015 Name of Agent MICHELLE JENKINS		
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:				
	Place of Disposition (Facility Name and Address) Rural Cemetery Southborough, MA 01772 Sec. M, Grv#365		Signature 		
	Disposition Type Full Earth Burial	Date of Disposition February 27, 2015	Name of Superintendent or Authorized Designee: Bridget A. Gilleney-DeCenzo		

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000034915

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2015 012433

OCME CASE # 2015-3276

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name WAUGH , BEATRICE ---	
	Place of Death 261 CORDAVILLE ROAD, SOUTHBOROUGH, MA	
	Date of Death MARCH 09, 2015	Date of Birth MAY 11, 1918 Sex FEMALE
	Residence 261 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772	
	If U.S. veteran, specify war/conflict(s) (most recent) NO	
CERTIFIER	Branch of military (most recent) --- Rank/organization/outfit(most recent) ---	
	Date entered(most recent) ---	Date Discharged (most recent) --- Service Number(most recent) ---
	Certifier RICHARD J. EVANS, MD Lic # 58622	
	Addr. 55 LAKE AVENUE N, WORCESTER, MASSACHUSETTS 01655	
	Immediate Cause of Death ATHEROSCLEROTIC CARDIOVASCULAR DISEASE	
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:		
DISPOSITION	Funeral Licensee/ Designee NANCY G MORRIS Lic # 50277	
	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS	
	Disposition Type CREMATION	Date of Disposition MARCH 12, 2015
	Place/Address RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605	
Endorsements		
PERMIT	Registry of Vital Records and Statistics	Board of Health/Agent for: SOUTHBOROUGH
	State Tracking # 012433	Local Permit # 15-6
	Date MARCH 11, 2015	Date MARCH 11, 2015 Name of Agent MICHELLE JENKINS
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:	
	Place of Disposition (Facility Name and Address)	Signature X
	Disposition Type	Date of Disposition Name of Superintendent or Authorized Designee:


Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

61060

		Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT		State File # 2015 012433 OCME CASE # 2015-3276	
Form R-309 07012014					
Information necessary for the Certificate of Death has been completed for:					
DECEDENT	Decedent Name WAUGH, BEATRICE				
	Place of Death 261 CORDAVILLE ROAD, SOUTHBOROUGH, MA				
	Date of Death MARCH 09, 2015		Date of Birth MAY 11, 1918		
	Sex FEMALE				
CERTIFIER	Residence 261 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772				
	If U.S. veteran, specify war/conflict(s) (most recent) NO				
	Branch of military (most recent)		Rank/organization/outfit (most recent)		
	Date entered (most recent)		Date Discharged (most recent)		
DISPOSITION	Certifier RICHARD J. EVANS, MD				
	Addr. 55 LAKE AVENUE N, WORCESTER, MASSACHUSETTS 01655				
	Immediate Cause of Death ATHEROSCLEROTIC CARDIOVASCULAR DISEASE				
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:					
DISPOSITION	Funeral Licensee/Designee NANCY G MORRIS				
	Facility MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS				
	Disposition Type CREMATION		Date of Disposition MARCH 12, 2015		
	Place/Address RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605				
Endorsements					
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH		
	State Tracking # 012433		Local Permit # 15-6		
	Date MARCH 11, 2015		Date MARCH 11, 2015		
CONFIRMATION	Name of Agent MICHELLE JENKINS		Signature		
	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		X <i>W. Cahill</i>		
	Place of Disposition (County, Name and Address) Rural Cemetery 180 Grove Street Worcester, MA 01605		Name of Superintendent or Authorized Designee: John H. Cahill		
Disposition Type Cremation		Date of Disposition MAR 17 2015		Name of Superintendent or Authorized Designee: John H. Cahill	

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000036232

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2015 012921

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name COLDWELL , STEPHEN OWEN		
	Place of Death 85 MIDDLE ROAD, SOUTHBOROUGH, MA		
	Date of Death MARCH 13, 2015	Date of Birth MAY 07, 1939	Sex MALE
	Residence 85 MIDDLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772		
	If U.S. veteran, specify war/conflict(s) (most recent) NO		
	Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____		
CERTIFIER	Date entered(most recent) _____		Date Discharged (most recent) _____ Service Number(most recent) _____
	Certifier LAKSHMI NAYAK, MD Lic # 247880		
	Addr. 450 BROOKLINE AVENUE, BOSTON, MASSACHUSETTS 02215		
	Immediate Cause of Death MALIGNANT GLIOMA		
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:			
DISPOSITION	Funeral Licensee/ Designee NANCY G MORRIS Lic # 50277		
	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS		
	Disposition Type BURIAL	Date of Disposition MARCH 18, 2015	
	Place/Address RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772		
Endorsements			
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH
	State Tracking # 012921	Local Permit # 15-7	
	Date MARCH 13, 2015	Date MARCH 16, 2015	
		Name of Agent MICHELLE JENKINS	
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address)		Signature
			X
Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:	

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000036232

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2015 012921

RECEIVED
VITAL RECORDS OFFICE

2015 MAR 25 A 11:20

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name	COLDWELL , STEPHEN OWEN		
	Place of Death	85 MIDDLE ROAD, SOUTHBOROUGH, MA		
	Date of Death	MARCH 13, 2015	Date of Birth	MAY 07, 1939
	Sex	MALE		
	Residence	85 MIDDLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772		
CERTIFIER	If U.S. veteran, specify war/conflict(s) (most recent)			
	NO			
	Branch of military (most recent)		Rank/organization/outfit(most recent)	
	Date entered(most recent)		Date Discharged (most recent)	
	Service Number(most recent)			
CERTIFIER	Certifier	LAKSHMI NAYAK, MD		
	Addr.	450 BROOKLINE AVENUE, BOSTON, MASSACHUSETTS 02215		
	Immediate Cause of Death	MAGNIGNANT GLIOMA		

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	Funeral Licensee/ Designee	NANCY G MORRIS	Lic #	50277
	Facility.	MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS		
	Disposition Type	BURIAL	Date of Disposition	MARCH 18, 2015
	Place/Address	RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772		

Endorsements

PERMIT	Registry of Vital Records and Statistics	Board of Health/Agent for:	SOUTHBOROUGH	
	State Tracking #	012921	Local Permit #	E-PERMIT
	Date	MARCH 13, 2015	Date	—
			Name of Agent	—

CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address)		Signature
	Rural Cemetery Southborough, MA 01772 Sec. 5, Lot 13-A, Grv#1		
	Disposition Type	Date of Disposition	
	Full Earth Burial	March 18, 2015	Name of Superintendent or Authorized Designee: Bridget A. Gilleney-DeCenzo

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000037832

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2015 016243

OCME CASE # 2015-3635

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name FERRIS , DONALD F	
	Place of Death 6 ANDREWS WAY, SOUTHBOROUGH, MA	
	Date of Death MARCH 17, 2015	Date of Birth MARCH 13, 1945 Sex MALE
	Residence 6 ANDREWS WAY, SOUTHBOROUGH, MASSACHUSETTS 01772	
	If U.S. veteran, specify war/conflict(s) (most recent) UNKNOWN	
CERTIFIER	Branch of military (most recent) MARINE CORPS Rank/organization/outfit (most recent) ---	
	Date entered (most recent) ---	Date Discharged (most recent) --- Service Number (most recent) ---
	Certifier RICHARD J. EVANS, MD Lic # 58622	
	Addr. 55 LAKE AVENUE N, WORCESTER, MASSACHUSETTS 01655	
	Immediate Cause of Death ATHEROSCLEROTIC CARDIOVASCULAR DISEASE	
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:		
DISPOSITION	Funeral Licensee/ Designee JOHN PROWE Lic # 5375	
	Facility. JOHN P. ROWE FUNERAL HOME INC., MARLBOROUGH, MASSACHUSETTS	
	Disposition Type CREMATION	Date of Disposition APRIL 03, 2015
	Place/Address RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605	
Endorsements		
PERMIT	Registry of Vital Records and Statistics	Board of Health/Agent for: SOUTHBOROUGH
	State Tracking # 016243	Local Permit # 15-8
	Date APRIL 02, 2015	Date APRIL 02, 2015 Name of Agent MICHELLE JENKINS
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:	
	Place of Disposition (Facility Name and Address)	Signature X
	Disposition Type	Date of Disposition
		Name of Superintendent or Authorized Designee:



Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

61188

		Commonwealth of Massachusetts Registry of Vital Records and Statistics		State File # 2015 016243	
0000037832				DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT	
Form R-309 07012014				OCME CASE # 2015-3635	
Information necessary for the Certificate of Death has been completed for:					
DECEDENT	Decedent Name FERRIS, DONALD F				
	Place of Death 6 ANDREWS WAY, SOUTHBOROUGH, MA				
	Date of Death MARCH 17, 2015		Date of Birth MARCH 13, 1945		Sex MALE
	Residence 6 ANDREWS WAY, SOUTHBOROUGH, MASSACHUSETTS 01772				
	If U.S. veteran, specify war/conflict(s) (most recent) UNKNOWN				
CERTIFIER	Branch of military (most recent) MARINE CORPS				
	Rank/organization/unit (most recent) ---				
	Date entered (most recent) ---		Date Discharged (most recent) ---		Service Number (most recent) ---
	Certifier RICHARD J. EVANS, MD				
	Lic # 58622				
DISPOSITION	Addr. 55 LAKE AVENUE N, WORCESTER, MASSACHUSETTS 01655				
	Immediate Cause of Death ATHEROSCLEROTIC CARDIOVASCULAR DISEASE				
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:					
DISPOSITION	Funeral Licensee/Designee JOHN PROWE Lic # 5375				
	Facility. JOHN P. ROWE FUNERAL HOME INC., MARLBOROUGH, MASSACHUSETTS				
	Disposition Type CREMATION Date of Disposition APRIL 03, 2015				
	Place/Address RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605				
Endorsements					
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH		
	State Tracking # 016243		Local Permit # E-PERMIT		
	Date APRIL 02, 2015		Date --- Name of Agent ---		
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:				
	Place of Disposition (Facility Name and Address) Rural Crematory 180 Grove Street Worcester, MA 01605			Signature John H. Cobill X	
	Disposition Type Cremation		Date of Disposition APR 02 2015		Name of Superintendent or Authorized Designee: John H. Cobill

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000048537

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2015 019801

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name NIX , ANNE L	
	Place of Death 271 CORDAVILLE ROAD, SOUTHBOROUGH, MA	
	Date of Death APRIL 21, 2015	Date of Birth MARCH 15, 1938 Sex FEMALE
	Residence 271 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS	
DECEDENT	If U.S. veteran, specify war/conflict(s) (most recent) NO	
	Branch of military (most recent) ---	Rank/organization/outfit(most recent) ---
	Date entered(most recent) ---	Date Discharged (most recent) Service Number(most recent) ---
	Certifier PRAMOD CHIRA, MD Lic # 41470	
	Addr. 475 FRANKLIN STREET, FRAMINGHAM, MASSACHUSETTS 01701	
CERTIFIER	Immediate Cause of Death CARDIAC ARREST	
	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:	
DISPOSITION	Funeral Licensee/ Designee PHILLIP R. SHORT Lic # 50881	
	Facility. WILLIAM R. SHORT & SON FUNERAL HOME, MARLBOROUGH, MASSACHUSETTS	
	Disposition Type CREMATION	Date of Disposition APRIL 23, 2015
	Place/Address ALL FAITHS CEMETERY AND CREMATORY, 7 ISLAND ROAD, WORCESTER, MASSACHUSETTS 01603	
Endorsements		
PERMIT	Registry of Vital Records and Statistics	Board of Health/Agent for: SOUTHBOROUGH
	State Tracking # 019801	Local Permit # 15-9
	Date APRIL 23, 2015	Date APRIL 23, 2015 Name of Agent MICHELLE JENKINS
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:	
	Place of Disposition (Facility Name and Address)	Signature X
	Disposition Type	Date of Disposition Name of Superintendent or Authorized Designee:

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

14822



0000048537

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2015 019801

RECEIVED

VITAL RECORDS OFFICE

2015 MAY 12 P 2:02

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name	NIX , ANNE L		
	Place of Death	271 CORDAVILLE ROAD, SOUTHBOROUGH, MA		
	Date of Death	APRIL 21, 2015	Date of Birth	MARCH 15, 1938
	Sex	FEMALE		
	Residence	271 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS		
CERTIFIER	If U.S. veteran, specify war/conflict(s) (most recent)			
	NO			
	Branch of military (most recent)		Rank/organization/outfit(most recent)	
	Date entered(most recent)		Date Discharged (most recent)	
	Service Number(most recent)			
CERTIFIER	Certifier	PRAMOD CHIRA, MD		
	Addr.	475 FRANKLIN STREET, FRAMINGHAM, MASSACHUSETTS 01701		
	Immediate Cause of Death	CARDIAC ARREST		

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	Funeral Licensee/ Designee	PHILLIP R. SHORT	Lic # 50881
	Facility.	WILLIAM R. SHORT & SON FUNERAL HOME, MARLBOROUGH, MASSACHUSETTS	
	Disposition Type	CREMATION	Date of Disposition
	Place/Address	ALL FAITHS CEMETERY AND CREMATORY, 7 ISLAND ROAD, WORCESTER, MASSACHUSETTS 01603	

Endorsements

PERMIT	Registry of Vital Records and Statistics	Board of Health/Agent for:	SOUTHBOROUGH	
	State Tracking #	019801	Local Permit #	E-PERMIT
	Date	APRIL 23, 2015	Date	—
			Name of Agent	—

CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address)	Signature	
	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:
	All Faiths Crematory Worcester	4-24-2015	Sean P. Anderson
	Coemation		Sean P. Anderson

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000052478

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2015 023029

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name	COLDWELL , RAYMOND E				
	Place of Death	83 MIDDLE ROAD, SOUTHBOROUGH, MA				
	Date of Death	MAY 11, 2015	Date of Birth	MARCH 06, 1941	Sex	MALE
	Residence	83 MIDDLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772				
	If U.S. veteran, specify war/conflict(s) (most recent)	NO				
CERTIFIER	Branch of military (most recent)	---				
	Rank/organization/outfit (most recent)	---				
	Date entered (most recent)	---	Date Discharged (most recent)	---	Service Number (most recent)	---
	Certifier	CONNIE R DREXLER, MD			Lic #	71130
	Addr.	112 MAIN STREET, NORTHBOROUGH, MASSACHUSETTS 01532				
DISPOSITION	Immediate Cause of Death	MESOTHELIOMA				
	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:					
	Funeral Licensee/ Designee	JOHN PROWE			Lic #	5375
	Facility	JOHN P. ROWE FUNERAL HOME INC., MARLBOROUGH, MASSACHUSETTS				
	Disposition Type	CREMATION			Date of Disposition	MAY 14, 2015
ENDORSEMENTS	Place/Address	RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605				
	Registry of Vital Records and Statistics					
	State Tracking # 023029			Board of Health/Agent for: SOUTHBOROUGH		
	Date MAY 12, 2015			Local Permit # 15-10		
				Date MAY 13, 2015		
CONFIRMATION				Name of Agent MICHELLE JENKINS		
	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:					
	Place of Disposition (Facility Name and Address)			Signature		
				X		
	Disposition Type		Date of Disposition	Name of Superintendent or Authorized Designee:		

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

61506



0000052478

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2015 023029

RECEIVED
2015 MAY 26 P 5:57
SOUTHBOROUGH, MA

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name COLDWELL , RAYMOND E	
	Place of Death 83 MIDDLE ROAD, SOUTHBOROUGH, MA	
	Date of Death MAY 11, 2015	Date of Birth MARCH 06, 1941 Sex MALE
	Residence 83 MIDDLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772	
	If U.S. veteran, specify war/conflict(s) (most recent) NO	
CERTIFIER	Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____	
	Date entered(most recent) _____	Date Discharged (most recent) _____ Service Number(most recent) _____
	Certifier CONNIE R DREXLER, MD Lic # 71130	
	Addr. 112 MAIN STREET, NORTHBOROUGH, MASSACHUSETTS 01532	
	Immediate Cause of Death MESOTHELIOMA	
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:		
DISPOSITION	Funeral Licensee/ Designee JOHN PROWE Lic # 5375	
	Facility. JOHN P. ROWE FUNERAL HOME INC., MARLBOROUGH, MASSACHUSETTS	
	Disposition Type CREMATION	Date of Disposition MAY 14, 2015
	Place/Address RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605	
Endorsements		
PERMIT	Registry of Vital Records and Statistics	Board of Health/Agent for: SOUTHBOROUGH
	State Tracking # 023029	Local Permit # E-PERMIT
	Date MAY 12, 2015	Date _____ Name of Agent _____
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:	
	Place of Disposition (Facility Name and Address) Rural Cremation 180 Grove Street Worcester, MA 01605	Signature X John H Cobelli
	Disposition Type Cremation	Date of Disposition MAY 15 2015 Name of Superintendent or Authorized Designee: John H Cobelli

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000055713

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2015 025857

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name PENDERGAST , JOHN W		
	Place of Death 3 SKYLAR DRIVE, SOUTHBOROUGH, MA		
	Date of Death MAY 28, 2015	Date of Birth NOVEMBER 21, 1951	Sex MALE
	Residence 3 SKYLAR DRIVE, SOUTHBOROUGH, MASSACHUSETTS 01772		
CERTIFIER	If U.S. veteran, specify war/conflict(s) (most recent) NO		
	Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____		
	Date entered(most recent) _____	Date Discharged (most recent) _____	Service Number(most recent) _____
	Certifier NAHIDA ISLAM, MD Lic # 246494		
	Addr. 55 LAKE AVENUE N, WORCESTER, MASSACHUSETTS 01655		
DISPOSITION	Immediate Cause of Death ESOPHAGEAL ADENOCARCINOMA METASTATIC		
	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:		
	Funeral Licensee/ Designee STEPHEN F. GEMELLI Lic # 6280		
	Facility. MERCADANTE FUNERAL HOME, WORCESTER, MASSACHUSETTS		
PERMIT	Disposition Type CREMATION Date of Disposition JUNE 01, 2015		
	Place/Address RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605		
	Endorsements		
	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH
	State Tracking # 025857		Local Permit # 15-11
Date JUNE 01, 2015		Date JUNE 01, 2015	
CONFIRMATION	Name of Agent JAMES F. HEGARTY		
	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address)		Signature
			X
Disposition Type		Date of Disposition	Name of Superintendent or Authorized Designee:


Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

61600

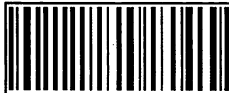
 0000055713 Form R-309 07012014		Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT		State File # 2015 025857 RECEIVED OFFICE 2015 JUN 18 A 8:23 SOUTHBOROUGH, MA	
Information necessary for the Certificate of Death has been completed for:					
DECEDENT	Decedent Name PENDERGAST, JOHN W				
	Place of Death 3 SKYLAR DRIVE, SOUTHBOROUGH, MA				
	Date of Death MAY 28, 2015		Date of Birth NOVEMBER 21, 1951		Sex MALE
	Residence 3 SKYLAR DRIVE, SOUTHBOROUGH, MASSACHUSETTS 01772				
	If U.S. veteran, specify war/conflict(s) (most recent) NO Branch of military (most recent) _____ Rank/organization/outfit (most recent) _____ Date entered (most recent) _____ Date Discharged (most recent) _____ Service Number (most recent) _____				
CERTIFIER	Certifier NAHIDA ISLAM, MD Lic # 246494				
	Addr. 55 LAKE AVENUE N, WORCESTER, MASSACHUSETTS 01655 Immediate Cause of Death ESOPHAGEAL ADENOCARCINOMA METASTATIC				
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:					
DISPOSITION	Funeral Licensee/ Designee STEPHEN F. GEMELLI Lic # 6280				
	Facility MERCADANTE FUNERAL HOME, WORCESTER, MASSACHUSETTS				
	Disposition Type CREMATION		Date of Disposition JUNE 01, 2015		
	Place/Address RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605				
Endorsements					
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH		
	State Tracking # 025857		Local Permit # E-PERMIT		
	Date JUNE 01, 2015		Date _____ Name of Agent _____		
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:				
	Place of Disposition (Facility Name and Address) Rural Crematory 180 Grove Street Worcester, MA 01605			Signature X John H Cobelli	
	Disposition Type Cremation			Name of Superintendent or Authorized Designee: John H Cobelli	
	Date of Disposition JUN 01 2015				

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000061806

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2015 030731

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name VANNI , ALMA LEOLA		
	Place of Death 199 PARKERVILLE ROAD, SOUTHBOROUGH, MA		
	Date of Death JUNE 29, 2015	Date of Birth FEBRUARY 27, 1934	Sex FEMALE
	Residence 199 PARKERVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772		
	If U.S. veteran, specify war/conflict(s) (most recent) NO		
	Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____		
CERTIFIER	Date entered(most recent) _____ Date Discharged(most recent) _____ Service Number(most recent) _____		
	Certifier ALLA BOLKHOVSKY, MD Lic # 50367		
	Addr. 761 WORCESTER ROAD, FOURTH FLOOR, FRAMINGHAM, MASSACHUSETTS 01701		
Immediate Cause of Death METASTATIC BREAST CANCER			
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:			
DISPOSITION	Funeral Licensee/ Designee NANCY G MORRIS Lic # 50277		
	Facility MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS		
	Disposition Type BURIAL	Date of Disposition JULY 07, 2015	
	Place/Address RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772		
Endorsements			
PERMIT	Registry of Vital Records and Statistics	Board of Health/Agent for: SOUTHBOROUGH	
	State Tracking # 030731	Local Permit # 15-12	
	Date JULY 01, 2015	Date JULY 01, 2015 Name of Agent JAMES F. HEGARTY	
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address)	Signature X	
	Disposition Type	Date of Disposition	
		Name of Superintendent or Authorized Designee:	

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000061806

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2015 030731

RECEIVED

OFFICE

2015 JUL -9 A 9:32

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name	VANNI , ALMA LEOLA		
	Place of Death	199 PARKERVILLE ROAD, SOUTHBOROUGH, MA		
	Date of Death	JUNE 29, 2015	Date of Birth	FEBRUARY 27, 1934
	Sex	FEMALE		
	Residence	199 PARKERVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772		
CERTIFIER	If U.S. veteran, specify war/conflict(s) (most recent)	NO		
	Branch of military (most recent)	Rank/organization/outfit(most recent)		
	Date entered(most recent)	Date Discharged (most recent)	Service Number(most recent)	
	Certifier	ALLA BOLKHOVSKY, MD		
	Addr.	761 WORCESTER ROAD, FOURTH FLOOR, FRAMINGHAM, MASSACHUSETTS 01701		
	Immediate Cause of Death	METASTATIC BREAST CANCER		

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	Funeral Licensee/ Designee	NANCY G MORRIS	Lic # 50277
	Facility	MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS	
	Disposition Type	BURIAL	Date of Disposition
	Place/Address	RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772	

Endorsements

PERMIT	Registry of Vital Records and Statistics	Board of Health/Agent for:	SOUTHBOROUGH	
	State Tracking #	030731	Local Permit #	E-PERMIT
	Date	JULY 01, 2015	Date	—
			Name of Agent	—

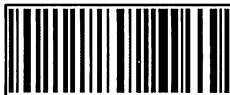
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address)	Signature	
	11 Cordaville Rd., Southborough, MA Sec. 1-C, Lot C-1, Grv#3	(x)	
Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:	
Full Earth Burial	July 7, 2015	Bridget A. Gilleney-DeCenzo	

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000062689

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2015 031207

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name	LEVANGIE , ROBERT FRANCIS		
	Place of Death	3 MAPELCREST DRIVE, SOUTHBOROUGH, MA		
	Date of Death	JULY 04, 2015	Date of Birth	APRIL 23, 1938
			Sex	MALE
	Residence	3 MAPELCREST DRIVE, SOUTHBOROUGH, MASSACHUSETTS 01772		
	If U.S. veteran, specify war/conflict(s) (most recent)			
	NO			
	Branch of military (most recent)		Rank/organization/outfit(most recent)	
	---		---	
	Date entered(most recent)	Date Discharged (most recent)	Service Number(most recent)	
	---		---	
CERTIFIER	Certifier	JUSTIN DORFMAN, DO		Lic # 226691
	Addr.	24 NEWTON STREET, SOUTHBOROUGH, MASSACHUSETTS 01772		
	Immediate Cause of Death	INVASIVE ORAL CANCER		

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	Funeral Licensee/ Designee	NANCY G MORRIS	Lic # 50277
	Facility.	MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS	
	Disposition Type	BURIAL	Date of Disposition
			JULY 08, 2015
	Place/Address	RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772	

Endorsements

PERMIT	Registry of Vital Records and Statistics	Board of Health/Agent for:	SOUTHBOROUGH	
	State Tracking #	031207	Local Permit #	15-13
	Date	JULY 06, 2015	Date	JULY 07, 2015
			Name of Agent	JAMES F. HEGARTY

CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address)		Signature
			X
	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

 0000062689 Form R-309 07012014		 Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT		State File # 2015 031207	
Information necessary for the Certificate of Death has been completed for:					
DECEDENT	Decedent Name LEVANGIE , ROBERT FRANCIS				
	Place of Death 3 MAPELCREST DRIVE, SOUTHBOROUGH, MA				
	Date of Death JULY 04, 2015		Date of Birth APRIL 23, 1938		Sex MALE
	Residence 3 MAPELCREST DRIVE, SOUTHBOROUGH, MASSACHUSETTS 01772				
	If U.S. veteran, specify war/conflict(s) (most recent) NO				
CERTIFIER	Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____				
	Date entered(most recent) _____		Date Discharged (most recent) _____		Service Number(most recent) _____
	Certifier JUSTIN DORFMAN, DO Lic # 226691				
	Addr. 24 NEWTON STREET, SOUTHBOROUGH, MASSACHUSETTS 01772				
	Immediate Cause of Death INVASIVE ORAL CANCER				
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:					
DISPOSITION	Funeral Licensee/ Designee NANCY G MORRIS Lic # 50277				
	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS				
	Disposition Type BURIAL		Date of Disposition JULY 08, 2015		
	Place/Address RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772				
Endorsements					
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH		
	State Tracking # 031207		Local Permit # E-PERMIT		
	Date JULY 06, 2015		Date _____ Name of Agent _____		
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:				
	Place of Disposition (Facility Name and Address) Rural Cemetery 11 Cordaville Rd., Southborough, MA Sec. I, Grv#218		Signature 		
	Disposition Type Full Earth Burial	Date of Disposition July 8, 2015	Name of Superintendent or Authorized Designee: Bridget A. Gilleney-DeCenzo		

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000066632

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2015 034806

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name HARNEY , MARI-JO CHARLEBOIS		
	Place of Death 47 GLEN COURT, SOUTHBOROUGH, MA		
	Date of Death JULY 24, 2015	Date of Birth NOVEMBER 30, 1947	Sex FEMALE
	Residence 47 GLEN COURT, SOUTHBOROUGH, MASSACHUSETTS 01772		
CERTIFIER	If U.S. veteran, specify war/conflict(s) (most recent) NO		
	Branch of military (most recent) ---		Rank/organization/outfit(most recent) ---
	Date entered(most recent) ---	Date Discharged (most recent) ---	Service Number(most recent) ---
	Certifier ANDREW ZHU, MD		Lic # 206924
	Addr. 55 FRUIT STREET, BOSTON, MASSACHUSETTS 02114		
DISPOSITION	Immediate Cause of Death CHOLANGIOCARCINOMA		
	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:		
DISPOSITION	Funeral Licensee/ Designee WILLIAM L. LAWLER		Lic # 6262
	Facility. LAWLER & CROSBY FUNERAL HOME, BOSTON, MASSACHUSETTS		
	Disposition Type CREMATION		Date of Disposition JULY 31, 2015
	Place/Address ST. MICHAEL CREMATORY, 500 CANTERBURY STREET, BOSTON, MASSACHUSETTS 02131		
Endorsements			
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH
	State Tracking # 034806	Local Permit # 15-14	
	Date JULY 29, 2015	Date JULY 29, 2015	
CONFIRMATION	Name of Agent JAMES F. HEGARTY		
	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address)		Signature X
	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000066632

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2015 034806

2015 AUG 28 A 11:02

SOUTHBOROUGH, MA

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name HARNEY , MARI-JO CHARLEBOIS		
	Place of Death 47 GLEN COURT, SOUTHBOROUGH, MA		
	Date of Death JULY 24, 2015	Date of Birth NOVEMBER 30, 1947	Sex FEMALE
	Residence 47 GLEN COURT, SOUTHBOROUGH, MASSACHUSETTS 01772		
DECEDENT	If U.S. veteran, specify war/conflict(s) (most recent) NO		
	Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____		
	Date entered(most recent) _____	Date Discharged (most recent) _____	Service Number(most recent) _____

CERTIFIER	Certifier ANDREW ZHU, MD Lic # 206924		
	Addr. 55 FRUIT STREET, BOSTON, MASSACHUSETTS 02114		
	Immediate Cause of Death CHOLANGIOCARCINOMA		
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:			
DISPOSITION	Funeral Licensee/ Designee WILLIAM L. LAWLER Lic # 6262		
	Facility. LAWLER & CROSBY FUNERAL HOME, BOSTON, MASSACHUSETTS		
	Disposition Type CREMATION Date of Disposition JULY 31, 2015		
	Place/Address ST. MICHAEL CREMATORY, 500 CANTERBURY STREET, BOSTON, MASSACHUSETTS 02131		
Endorsements			
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH
	State Tracking # 034806		Local Permit # E-PERMIT
	Date JULY 29, 2015		Date _____ Name of Agent _____
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address) St. Michael Crematory 500 Canterbury Street Boston, MA 02131		Signature X
	Disposition Type Cremation	Date of Disposition 8/5/15	Name of Superintendent or Authorized Designee: Michael D. Sheehan G.M.

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

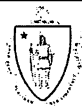
A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000075562

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2015 041013

Information necessary for the Certificate of Death has been completed for:



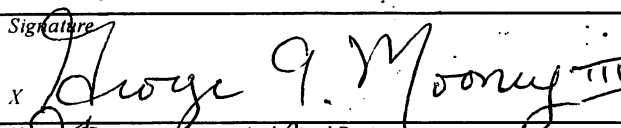
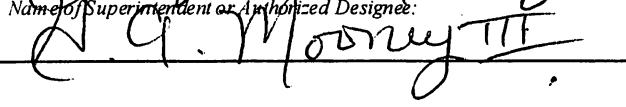
DECEDENT	Decedent Name FALCONI , RICHARD E.	
	Place of Death 14 NEWTON STREET, SOUTHBOROUGH, MA	
	Date of Death SEPTEMBER 09, 2015	Date of Birth SEPTEMBER 19, 1945 Sex MALE
	Residence 14 NEWTON STREET, SOUTHBOROUGH, MASSACHUSETTS 01772	
	If U.S. veteran, specify war/conflict(s) (most recent) NO	
CERTIFIER	Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____	
	Date entered(most recent) _____	Date Discharged (most recent) _____ Service Number(most recent) _____
	Certifier SAQIB QURESHI, MD Lic # 1519971	
	Addr. 112 MAIN STREET, NORTHBOROUGH, MASSACHUSETTS 01532	
	Immediate Cause of Death RESPIRATORY FAILURE	
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:		
DISPOSITION	Funeral Licensee/ Designee NANCY G MORRIS Lic # 50277	
	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS	
	Disposition Type BURIAL	Date of Disposition SEPTEMBER 14, 2015
	Place/Address RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772	
Endorsements		
PERMIT	Registry of Vital Records and Statistics	Board of Health/Agent for: SOUTHBOROUGH
	State Tracking # 041013	Local Permit # 15-15
	Date SEPTEMBER 10, 2015	Date SEPTEMBER 10, 2015 Name of Agent JAMES F. HEGARTY
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:	
	Place of Disposition (Facility Name and Address)	Signature X
	Disposition Type	Date of Disposition
Name of Superintendent or Authorized Designee:		

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

 0000075562 Form R-309 07012014		 Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT		State File # 2015 041013 <div style="border: 1px solid black; padding: 2px; display: inline-block;"> DISPOSED 2015 SEP 18 A 7:56 SOUTHBOROUGH, MA </div>	
Information necessary for the Certificate of Death has been completed for:					
DECEDENT	Decedent Name FALCONI, RICHARD E				
	Place of Death 14 NEWTON STREET, SOUTHBOROUGH, MA				
	Date of Death SEPTEMBER 09, 2015		Date of Birth SEPTEMBER 19, 1945		Sex MALE
	Residence 14 NEWTON STREET, SOUTHBOROUGH, MASSACHUSETTS 01772				
	If U.S. veteran, specify war/conflict(s) (most recent) NO				
CERTIFIER	Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____				
	Date entered(most recent) _____		Date Discharged(most recent) _____		Service Number(most recent) _____
	Certifier SAQIB QURESHI, MD Lic # 1519971				
	Addr. 112 MAIN STREET, NORTHBOROUGH, MASSACHUSETTS 01532				
	Immediate Cause of Death RESPIRATORY FAILURE				
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:					
DISPOSITION	Funeral Licensee/ Designee NANCY G MORRIS Lic # 50277				
	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS				
	Disposition Type BURIAL		Date of Disposition SEPTEMBER 14, 2015		
	Place/Address RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772				
Endorsements					
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH		
	State Tracking # 041013		Local Permit # 15-15		
	Date SEPTEMBER 10, 2015		Date SEPTEMBER 10, 2015		
		Name of Agent JAMES F. HEGARTY			
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:				
	Place of Disposition (Facility Name and Address) Rural Cemetery Southborough MA. 01772		Signature 		
	Disposition Type Full Body	Date of Disposition 9/14/2015	Name of Superintendent or Authorized Designee: 		

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000074914

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2015 040379

2015 SEP 18 A 7:56

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name PIPER , DONNA J.		
	Place of Death MARLBOROUGH HOSPITAL, MARLBOROUGH, MA		
	Date of Death SEPTEMBER 06, 2015	Date of Birth MARCH 15, 1953	Sex FEMALE
	Residence 138 MARLBORO ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772		
CERTIFIER	If U.S. veteran, specify war/conflict(s) (most recent) NO		
	Branch of military (most recent) _____ Rank/organization/outfit (most recent) _____		
	Date entered (most recent) _____	Date Discharged (most recent) _____	Service Number (most recent) _____
	Certifier STACY N WEISBERG, MD Lic # 213821		
DISPOSITION	Addr. 55 LAKE AVENUE N, WORCESTER, MASSACHUSETTS 01655		
	Immediate Cause of Death PULMONARY EMBOLISM		
	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:		
	Funeral Licensee/ Designee NANCY G MORRIS Lic # 50277		
PERMIT	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS		
	Disposition Type BURIAL Date of Disposition SEPTEMBER 11, 2015		
	Place/Address RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772		
	Endorsements		
CONFIRMATION	Registry of Vital Records and Statistics		Board of Health/Agent for: MARLBOROUGH
	State Tracking # 040379		Local Permit # E-PERMIT
	Date SEPTEMBER 07, 2015		Date _____
			Name of Agent _____
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address) Rural Cemetery Southborough, MA. 01772		Signature James A. Mooney III
	Disposition Type Full Body	Date of Disposition 9/11/2015	Name of Superintendent or Authorized Designee: J. A. Mooney III

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000079136

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2015 043740

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name	DUTTON , ELIZABETH GAZOULEAS		
	Place of Death	3 METACOMET LANE, SOUTHBOROUGH, MA		
	Date of Death	SEPTEMBER 28, 2015	Date of Birth	OCTOBER 27, 1962 Sex FEMALE
	Residence	3 METACOMET LANE, SOUTHBOROUGH, MASSACHUSETTS 01772		
	If U.S. veteran, specify war/conflict(s) (most recent) NO			
	Branch of military (most recent)	Rank/organization/outfit(most recent)		
	---	---		
	Date entered(most recent)	Date Discharged (most recent)	Service Number(most recent)	
	---	---	---	
CERTIFIER	Certifier	JOHN G. KRIKORIAN, MD		Lic # 36428
	Addr.	571 UNION AVENUE, FRAMINGHAM, MASSACHUSETTS 01702		
	Immediate Cause of Death	METASTATIC BREAST CANCER		

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	Funeral Licensee/ Designee	NANCY G MORRIS	Lic # 50277
	Facility.	MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS	
	Disposition Type	CREMATION	Date of Disposition SEPTEMBER 30, 2015
	Place/Address	RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605	

Endorsements

PERMIT	Registry of Vital Records and Statistics	Board of Health/Agent for: SOUTHBOROUGH
	State Tracking # 043740	Local Permit # 15-16
	Date SEPTEMBER 29, 2015	Date SEPTEMBER 29, 2015
		Name of Agent JAMES F. HEGARTY

CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address)		Signature
			X
	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:


Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

62357

 0000079136 Form R-309 07012014		Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT		State File # 2015 043740	
Information necessary for the Certificate of Death has been completed for:					
DECEDENT	Decedent Name DUTTON, ELIZABETH GAZOULEAS				
	Place of Death 3 METACOMET LANE, SOUTHBOROUGH, MA				
	Date of Death SEPTEMBER 28, 2015		Date of Birth OCTOBER 27, 1962		Sex FEMALE
	Residence 3 METACOMET LANE, SOUTHBOROUGH, MASSACHUSETTS 01772				
	If U.S. veteran, specify war/conflict(s) (most recent) NO Branch of military (most recent) _____ Rank/organization/outfit (most recent) _____ Date entered (most recent) _____ Date Discharged (most recent) _____ Service Number (most recent) _____				
CERTIFIER	Certifier JOHN G. KRIKORIAN, MD				Lic # 36428
	Addr. 571 UNION AVENUE, FRAMINGHAM, MASSACHUSETTS 01702 Immediate Cause of Death METASTATIC BREAST CANCER				
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:					
DISPOSITION	Funeral Licensee/Designee NANCY G MORRIS Lic # 50277				
	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS				
	Disposition Type CREMATION		Date of Disposition SEPTEMBER 30, 2015		
	Place/Address RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605				
Endorsements					
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH		
	State Tracking # 043740		Local Permit # E-PERMIT		
	Date SEPTEMBER 29, 2015		Date _____ Name of Agent _____		
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:				
	Place of Disposition (Facility Name and Address) Rural Crematory 180 Grove Street Worcester, MA 01605		Signature X John H Cobill		
	Disposition Type Cremation	Date of Disposition OCT 02 2015	Name of Superintendent or Authorized Designee: John H Cobill		

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000080347

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2015 044555

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name STODDARD , MARGARET PATRICIA		
	Place of Death 12 GENERAL HENRY KNOX ROAD, SOUTHBOROUGH, MA		
	Date of Death OCTOBER 04, 2015	Date of Birth MARCH 16, 1937	Sex FEMALE
	Residence 16 ATWOOD STREET, SOUTHBOROUGH, MASSACHUSETTS 01772		
	If U.S. veteran, specify war/conflict(s) (most recent) NO		
CERTIFIER	Branch of military (most recent) ---		Rank/organization/outfit(most recent) ---
	Date entered(most recent) ---	Date Discharged (most recent) ---	Service Number(most recent) ---
	Certifier SHAHNAZ MONTAQUE, MD		Lic # 55438
	Addr. 3 FRANKLIN COMMON, FRAMINGHAM, MASSACHUSETTS 01702		
	Immediate Cause of Death RESPIRATORY FAILURE		
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:			
DISPOSITION	Funeral Licensee/ Designee NANCY G MORRIS		Lic # 50277
	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS		
	Disposition Type BURIAL		Date of Disposition OCTOBER 08, 2015
	Place/Address RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772		
Endorsements			
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH
	State Tracking # 044555	Local Permit # 15-17	
	Date OCTOBER 05, 2015	Date OCTOBER 06, 2015	
		Name of Agent JAMES F. HEGARTY	
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address)		Signature
			X
Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:	

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000080347

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2015 044555

RECEIVED
2015 OCT -9 A 8:18

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name STODDARD , MARGARET PATRICIA		Place of Death 12 GENERAL HENRY KNOX ROAD, SOUTHBOROUGH, MA		Date of Death OCTOBER 04, 2015		Date of Birth MARCH 16, 1937		Sex FEMALE		
	Residence 16 ATWOOD STREET, SOUTHBOROUGH, MASSACHUSETTS 01772										
	If U.S. veteran, specify war/conflict(s) (most recent) NO										
	Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____ Date entered(most recent) _____ Date Discharged (most recent) _____ Service Number(most recent) _____										
CERTIFIER	Certifier SHAHNAZ MONTAQUE, MD					Lic # 55438					
	Addr. 3 FRANKLIN COMMON, FRAMINGHAM, MASSACHUSETTS 01702										
Immediate Cause of Death RESPIRATORY FAILURE											
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:											
DISPOSITION	Funeral Licensee/ Designee NANCY G MORRIS					Lic # 50277					
	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS										
	Disposition Type BURIAL					Date of Disposition OCTOBER 08, 2015					
	Place/Address RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772										
Endorsements											
PERMIT	Registry of Vital Records and Statistics					Board of Health/Agent for: SOUTHBOROUGH					
	State Tracking # 044555					Local Permit # E-PERMIT					
	Date OCTOBER 05, 2015					Date _____ Name of Agent _____					
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:										
	Place of Disposition (Facility Name and Address) Rural Cemetery 11 Cordaville Rd., Southborough, MA Sec.C-West, Lot 47N, Grv#4					Signature 					
	Disposition Type Full Earth Burial		Date of Disposition October 8, 2015		Name of Superintendent or Authorized Designee: Bridget A. Gilleney-DeCenzo						

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

62898



0000095048

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2015 056402

RECEIVED
TOWN CLERK'S OFFICE

2016 JAN 12 12:41

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name ZSCHOKKE, JENNIFER LYNN		SOUTHBOROUGH, MA	
	Place of Death 5 NICHOLS STREET, SOUTHBOROUGH, MA			
	Date of Death DECEMBER 18, 2015	Date of Birth FEBRUARY 09, 1965	Sex FEMALE	
	Residence 5 NICHOLS STREET, SOUTHBOROUGH, MASSACHUSETTS 01772			
	If U.S. veteran, specify war/conflict(s) (most recent) NO			
	Branch of military (most recent) ---		Rank/organization/outfit(most recent) ---	
	Date entered(most recent) ---	Date Discharged (most recent) ---	Service Number(most recent) ---	
CERTIFIER	Certifier LESLIE SCHWAB, MD		Lic # 43020	
	Addr. 330 BAKER STREET, CONCORD, MASSACHUSETTS 01742			
	Immediate Cause of Death BREAST CANCER, METASTATIC			

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	Funeral Licensee/ Designee JOHN PROWE	Lic # 5375
	Facility. JOHN P. ROWE FUNERAL HOME INC., MARLBOROUGH, MASSACHUSETTS	
	Disposition Type CREMATION	Date of Disposition DECEMBER 23, 2015
	Place/Address RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605	

Endorsements

PERMIT	Registry of Vital Records and Statistics	Board of Health/Agent for: SOUTHBOROUGH
	State Tracking # 056402	Local Permit # 15-60
	Date DECEMBER 19, 2015	Date DECEMBER 21, 2015
		Name of Agent JAMES F. HEGARTY

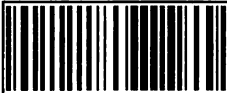
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address) Rural Crematory 180 Grove Street Worcester, MA 01605		Signature John H. Cobell X
	Disposition Type cremation	Date of Disposition DEC 23 2015	Name of Superintendent or Authorized Designee: John H. Cobell

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000095048

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2015 056402**Information necessary for the Certificate of Death has been completed for:**

DECEDENT	<i>Decedent Name</i> ZSCHOKKE , JENNIFER LYNN		
	<i>Place of Death</i> 5 NICHOLS STREET, SOUTHBOROUGH, MA		
	<i>Date of Death</i> DECEMBER 18, 2015	<i>Date of Birth</i> FEBRUARY 09, 1965	<i>Sex</i> FEMALE
	<i>Residence</i> 5 NICHOLS STREET, SOUTHBOROUGH, MASSACHUSETTS 01772		
	<i>If U.S. veteran, specify war/conflict(s) (most recent)</i> NO		
	<i>Branch of military (most recent)</i> --- <i>Rank/organization/outfit(most recent)</i> ---		
CERTIFIER	<i>Certifier</i> LESLIE SCHWAB, MD		<i>Lic #</i> 43020
	<i>Addr.</i> 330 BAKER STREET, CONCORD, MASSACHUSETTS 01742		
	<i>Immediate Cause of Death</i> BREAST CANCER, METASTATIC		
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:			
DISPOSITION	<i>Funeral Licensee/ Designee</i> JOHN PROWE		<i>Lic #</i> 5375
	<i>Facility.</i> JOHN P. ROWE FUNERAL HOME INC., MARLBOROUGH, MASSACHUSETTS		
	<i>Disposition Type</i> CREMATION	<i>Date of Disposition</i> DECEMBER 23, 2015	
	<i>Place/Address</i> RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605		
Endorsements			
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH
	<i>State Tracking #</i> 056402	<i>Local Permit #</i> 15-60	
	<i>Date</i> DECEMBER 19, 2015	<i>Date</i> DECEMBER 21, 2015	
		<i>Name of Agent</i> JAMES F. HEGARTY	
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	<i>Place of Disposition (Facility Name and Address)</i>		<i>Signature</i>
			X
<i>Disposition Type</i>	<i>Date of Disposition</i>	<i>Name of Superintendent or Authorized Designee:</i>	

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000092869

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2015 054617

**RECEIVED
TOWN CLERK'S OFFICE**

2016 JAN -4 P 12: 51

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name TRAKHT , NATAN ---		SOUTHBOROUGH, MA	
	Place of Death 1 BUFFALO RUN, SOUTHBOROUGH, MA			
	Date of Death DECEMBER 08, 2015	Date of Birth SEPTEMBER 18, 1922	Sex MALE	
	Residence 1612 WORCESTER ROAD, APT. 212-A, FRAMINGHAM, MASSACHUSETTS 01702			
CERTIFIER	If U.S. veteran, specify war/conflict(s) (most recent) NO			
	Branch of military (most recent) ---		Rank/organization/outfit(most recent) ---	
	Date entered(most recent) ---	Date Discharged (most recent) ---	Service Number(most recent) ---	
	Certifier JANE BELKIN, NP		Lic # 236680	
	Addr. 74 MAIN STREET, FRAMINGHAM, MASSACHUSETTS 01701			
DISPOSITION	Immediate Cause of Death PNEUMONIA			
	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:			
	Funeral Licensee/ Designee GEORGE RODMAN		Lic # 5349	
	Facility. BREZNIAC RODMAN FUNERAL DIRECTORS, NEWTON, MASSACHUSETTS			
PERMIT	Disposition Type BURIAL		Date of Disposition DECEMBER 09, 2015	
	Place/Address QUINCY HEBREW SOCIETY CEMETERY, 776 BAKER STREET, BOSTON, MASSACHUSETTS 02201			
	Endorsements			
	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH	
CONFIRMATION	State Tracking # 054617		Local Permit # E-PERMIT	
	Date DECEMBER 08, 2015		Date ---	
			Name of Agent ---	
	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:			
CONFIRMATION	Place of Disposition (Facility Name and Address) Quincy Hebrew Baker St. West Roxbury, MA		Signature x Pauline Shepard	
	Disposition Type Burial	Date of Disposition 12/9/15	Name of Superintendent or Authorized Designee: Pauline Shepard	

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

RECEIVED

JAN 4 2016

Southborough Board of Health



0000092869

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2015 054617

Information necessary for the Certificate of Death has been completed for:

DECEASED	Decedent Name TRAKHT , NATAN ---		
	Place of Death 1 BUFFALO RUN, SOUTHBOROUGH, MA		
	Date of Death DECEMBER 08, 2015	Date of Birth SEPTEMBER 18, 1922	Sex MALE
	Residence 1612 WORCESTER ROAD, APT. 212-A, FRAMINGHAM, MASSACHUSETTS 01702		
CERTIFIER	If U.S. veteran, specify war/conflict(s) (most recent) NO		
	Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____		
	Date entered(most recent) _____	Date Discharged (most recent) _____	Service Number(most recent) _____
	Certifier JANE BELKIN, NP Lic # 236680		
DISPOSITION	Addr. 74 MAIN STREET, FRAMINGHAM, MASSACHUSETTS 01701		
	Immediate Cause of Death PNEUMONIA		
	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:		
	Funeral Licensee/ Designee GEORGE RODMAN Lic # 5349		
PERMIT	Facility. BREZNIAK RODMAN FUNERAL DIRECTORS, NEWTON, MASSACHUSETTS		
	Disposition Type BURIAL Date of Disposition DECEMBER 09, 2015		
	Place/Address QUINCY HEBREW SOCIETY CEMETERY, 776 BAKER STREET, BOSTON, MASSACHUSETTS 02201		
	Endorsements		
CONFIRMATION	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH
	State Tracking # 054617		Local Permit # 15-18
	Date DECEMBER 08, 2015		Date DECEMBER 08, 2015
			Name of Agent JAMES F. HEGARTY
I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:			
Place of Disposition (Facility Name and Address)			Signature
			X
Disposition Type		Date of Disposition	Name of Superintendent or Authorized Designee:

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000094638

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2015 056152

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name	BUZZELL , CLYDE WARREN		
	Place of Death	51 SCHOOL STREET, SOUTHBOROUGH, MA		
	Date of Death	DECEMBER 16, 2015	Date of Birth	NOVEMBER 30, 1942 Sex MALE
	Residence	51 SCHOOL STREET, SOUTHBOROUGH, MASSACHUSETTS 01772		
	If U.S. veteran, specify war/conflict(s) (most recent) VIETNAM			
	Branch of military (most recent)	Rank/organization/outfit(most recent)		
	---	---		
	Date entered(most recent)	Date Discharged(most recent)	Service Number(most recent)	
	FEBRUARY 16, 1964	FEBRUARY 16, 1970	---	
CERTIFIER	Certifier	KEVIN B. MARTIN, MD Lic # 214152		
	Addr.	123 SUMMER STREET, WORCESTER, MASSACHUSETTS 01608		
	Immediate Cause of Death	RESPIRATORY FAILURE		

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	Funeral Licensee/ Designee	NANCY G MORRIS	Lic # 50277
	Facility.	MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS	
	Disposition Type	BURIAL	Date of Disposition DECEMBER 19, 2015
	Place/Address	RURAL, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772	

Endorsements

PERMIT	Registry of Vital Records and Statistics	Board of Health/Agent for: SOUTHBOROUGH
	State Tracking # 056152	Local Permit # 05-19
	Date DECEMBER 17, 2015	Date DECEMBER 17, 2015
		Name of Agent JAMES F. HEGARTY

CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address)		Signature
			X
	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000094638

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2015 056152

RECEIVED
TOWN CLERK'S OFFICE

2015 DEC 21 P 3:14

SOUTHBOROUGH, MA

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name BUZZELL , CLYDE WARREN		
	Place of Death 51 SCHOOL STREET, SOUTHBOROUGH, MA		
	Date of Death DECEMBER 16, 2015	Date of Birth NOVEMBER 30, 1942	Sex MALE
	Residence 51 SCHOOL STREET, SOUTHBOROUGH, MASSACHUSETTS 01772		
CERTIFIER	If U.S. veteran, specify war/conflict(s) (most recent) VIETNAM		
	Branch of military (most recent) ---		
	Rank/organization/outfit (most recent) ---		
	Date entered (most recent) FEBRUARY 16, 1964	Date Discharged (most recent) FEBRUARY 16, 1970	Service Number (most recent) ---
	Certifier KEVIN B. MARTIN, MD Lic # 214152		
Addr. 123 SUMMER STREET, WORCESTER, MASSACHUSETTS 01608			
Immediate Cause of Death RESPIRATORY FAILURE			

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	Funeral Licensee/ Designee NANCY G MORRIS Lic # 50277
	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS
	Disposition Type BURIAL Date of Disposition DECEMBER 19, 2015
	Place/Address RURAL, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772

Endorsements

PERMIT	Registry of Vital Records and Statistics	Board of Health/Agent for: SOUTHBOROUGH
	State Tracking # 056152	Local Permit # E-PERMIT
	Date DECEMBER 17, 2015	Date --- Name of Agent ---

CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:	
	Place of Disposition (Facility Name and Address) Rural Cemetery 11 Cordaville Rd., Southborough, MA Sec. M, Grv#386	Signature
	Disposition Type Full Earth Burial	Date of Disposition December 19, 2015 Name of Superintendent or Authorized Designee: Bridget A. Gilleney-DeCenzo

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.